

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10694555 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	3					
5						
6	1	1				
7	1					
8	2					
9	1					
10	1					
11	2					
12	1	2				
13	1					
14	2					
15						
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.						
TOTAL CLAIMS	15					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					